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JUN 06 2002

PART B - FEE(S) TRANSMITTAL

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22195 7590 03/08/2002
HUMAN GENOME SCIENCES INC
 9410 KEY WEST AVENUE
 ROCKVILLE, MD 20850

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/487,792	01/20/2000	David LaFleur	PF482P1	3578

TITLE OF INVENTION: KERATINOCYTE DERIVED INTERFERON

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
92	nonprovisional	NO	\$1280	\$0	\$1280	06/10/2002
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SEHARASEYON, JEGATHESAN		1647	530-351000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

HUMAN GENOME SCIENCES, INC.**Rockville, MD**

Please check the appropriate assignee category or categories (will not be printed on the patent)

 individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 4 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form).

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(Authorized signature) Janet M. Martineau (Date) Reg. No. 46,903

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